

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024570

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3383

FILED JUL 5 1963

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| VS 300 Rev. 4/59 | DATE AMENDED | 1 | AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | DOCUMENT |
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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Johnson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City | | c. CITY OR TOWN Garden City (Route #1) | |
| Length of stay in lb 1/2 Hour | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Luke's Hospital | | d. STREET ADDRESS (If outside, give location) 5 miles North East | |
| 3. NAME OF DECEASED (Type or print) First FELMAR Middle LeROY Last ROLLER | | 4. DATE OF DEATH Month June Day 14 Year 1963 | |
| 5. SEX Male | 6. COLOR OR RACE White | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-29-1942 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist | | 10b. KIND OF BUSINESS OR INDUSTRY | 9. AGE (last birthday) 21 |
| 11a. FATHER'S NAME Felmar Roller | | 11b. MOTHER'S MAIDEN NAME Lottie N. Davis | 11. BIRTHPLACE (City and state or country) Mundell, Arkansas |
| 13a. FATHER'S NAME | | 14. NAME OF HUSBAND OR WIFE none | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT Felmar Roller, Route #1, Garden City, Mo. | | Address | |
| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured skull & jaw Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (c) History & Inspection. PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | |
| 20c. TIME OF INJURY Hour 6:14 a.m. 63 Month, Day, Year | | 20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 71 Refers | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION Highway 71 Cross | |
| 20e. COUNTY MO | | 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated. | |
| 22a. SIGNATURE Hugh H. Owens | | 22b. ADDRESS 152 Union Station | |
| 22c. DATE SIGNED 6-15-63 | | 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 23b. DATE 6-15-63 | | 23c. NAME OF CEMETERY OR CREMATORY Garden City | |
| 23d. LOCATION (City, town, or county) Garden City, Mo. | | 25. DATE RECD. BY LOCAL REG. 6-16-63 | |
| 24. FUNERAL DIRECTOR Freeman Mortuary, Kansas City, Mo. | | 26. REGISTRAR'S SIGNATURE Hugh H. Long | |

USE BLACK INK OR TYPEWRITER RIBBON

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Clayton A. Barnes

Licensed Embalmer No.

4793

P. O. Address

K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.